

FILED JAN 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 42049
10900

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Missouri b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis c. LENGTH OF STAY (in this place) 15 yrs d. FULL NAME OF HOSPITAL OR INSTITUTION Masonic Hospital				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis 2129 d. STREET ADDRESS (If rural, give location) 12 5351 Delmar			
3. NAME OF DECEASED (Type or Print) a. (First) Jess b. (Middle) L. c. (Last) Brown		4. DATE OF DEATH (Month) 12 (Day) 21 (Year) 50		5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) D 3		8. DATE OF BIRTH 6-16-1862 9. AGE (In years last birthday) 88 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic Dental lab	
11. BIRTHPLACE (State or foreign country) Leavenworth Kansas		12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Ebenezer Brown 13b. MOTHER'S MAIDEN NAME Amanda ? 14. NAME OF HUSBAND OR WIFE Mary Balew		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louis C. Robertson	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES DUE TO (b) Senility DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 Mo. 18 Mo.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR? H 3 2	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from 4-22-1935 to 12-21-1950, that I last saw the deceased alive on 12-21-50, and that death occurred at 5:45 A. M., from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) Dr. Louis C. Robertson 24. BURIAL, CREMATION, REMOVAL (Specify) Burial				23b. ADDRESS 508 N. Grand Ave.		23c. DATE SIGNED 12-21-50	
24b. DATE DEC 21 1953		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alexander & Son 6175 Delmar	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Jos. E. McCulloch

Licensed Embalmer No. *2460*

P. O. Address

6175 Delmar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.